“I Want to Play and Sing My Story”: Home-Based Songwriting for Bereaved Children and Adolescents

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Abstract
The therapist’s role in bereavement support is to encourage clients to “tell their story”. This process, considered to facilitate loss processing and acceptance, assists the individual to move on with his or her life. Studies reveal that bereaved children and teenagers require familiar, enjoyable, and age-relevant supports. This paper describes a home-based music therapy program for bereaved children and adolescents. Literature, concerning bereavement, creative arts therapy, and music therapy, is included to highlight the interventions and needs of grieving youngsters. This paper also describes four styles of songwriting together with case vignettes to demonstrate the efficacy of songwriting for this population. In this context, songwriting has enabled bereaved children and teenagers to explore and express grief by singing their stories.

Keywords: music therapy, songwriting, bereaved children/adolescents, home-based music therapy

Introduction

The purpose of this paper is to discuss the use of songwriting within a home-based music therapy program for bereaved children and adolescents. In particular, the author has adopted the bereavement counselling method of encouraging clients to tell, or rather sing, their story through the process of songwriting.

Individuals who experience the death of a loved one commonly experience an altered and challenged view of the world (Rando, 1993; Worden, 1983). The impact of bereavement and the reality of the loss can cause an individual to experience confusion, anxiety, and many other psychological and emotional reactions (Rando, 1993).

Assisting the Bereaved to Tell Their Story

Our life is like a “story” and unexpected events, such as the death of a loved one, challenge our sense of predictability and safety (Neimeyer, 2000). One bereavement counselling technique encourages clients to tell their story.
This process encourages clients to regain a sense of control and consequently make adaptations for positive change. “Our stories are ways of putting in order a confusing series of events, finding underlying themes that tie them together and make them … comprehensible” (Neimeyer, 2000, p. 54). Although bereavement is a unique experience (Dunsmore, 2002; Neimeyer, 2000), leading theorists have identified that clients need to a) accept the reality of the loss, b) work through and experience pain, c) react to the separation from the deceased, d) find meaning in the loss, e) relocate emotionally from the deceased, and f) revise a sense of the challenged world (Neimeyer, 2000; Rando, 1993; Worden, 1983; 1996).

**Childhood and Adolescent Bereavement**

“The death of a parent is one of the most fundamental losses a child can face ... The loss of a parent to death and its consequences in the home and in the family change the very core of the child’s existence” (Worden, 1996, p. 9). Children and adolescents who experience the loss of a parent or close family member are consequently changed forever (Dunsmore, 2002). Common reactions of grieving children include developmental regression, eating and sleeping disturbances, explosive emotional reactions, acting-out behaviours, guilt, and extreme sadness (Hilliard, 2001). Children who experience parental death are more likely to experience psychological distress, depression, and are at greater risk of developing a psychiatric disorder later in life (Wilkinson, 2001). Additionally, bereaved children/adolescents may not comprehend this profound loss because they lack the requisite language skills and coping mechanisms. This is why children/adolescents may require specialised support to assist them with their grief.

**Considerations and Tasks for Bereaved Children/Adolescents**

There has been much debate about children’s reaction to bereavement and grief (Blanche & Smith, 2000). However, research confirms that children are capable of working through grief, addressing loss issues, and developing sound coping mechanisms (Worden, 1983; 1996).

Worden’s *Child Bereavement Study* interviewed 125 grieving children between the ages of 6 and 17 years and identified their particular needs. Their responses revealed that this population want and need to a) know they will be cared for, b) know they did not cause the death, c) have clear information about the death, d) feel important and involved, e) have continued routine activity, f) have someone to listen to their questions, and g) find ways to remember and remain connected to their loved ones (Worden, 1996).
Appropriate Interventions for the Bereaved Child and Adolescent

Considering the needs cited above, planning and provision of therapeutic interventions requires a child/adolescent-centred approach. Interventions for grieving children/adolescents must be age-appropriate, familiar, meaningful, and effective (Geldard & Geldard, 1997; Hilliard, 2001; Worden, 1983; 1996). Support groups have emerged as an accepted intervention for bereaved children/adolescents (Blanche & Smith, 2000; Dunsmore, 2002; Hilliard 2001; Landry-Dattee & Daleigue-Cosset, 2001; McFerran-Skewes, 2000; McFerran-Skewes & Erdonmez-Grocke, 2000; Skewes & Grocke, 2000; Wilkinson, 2001; Worden, 1983; 1996). Groups were designed to: a) facilitate sharing, b) promote emotional expression, c) acknowledge grief, d) promote peer support and belonging, and e) reduce feelings of isolation (Blanche & Smith, 2000; Wilkinson, 2001).

Support groups validate shared bereavement experiences for participants. However, it is important to reiterate that grief is a unique experience (Dunsmore, 2002; Neimeyer, 2000) and therefore, some children may cope more effectively in individual-based therapy. Consequently, a combination of group and individualised based support options is a valid proposition.

Rationale for Creative Arts Therapies in Bereavement Support

Children and adolescents’ lives involve education, play, and interactive activities where they learn, explore, express, and make sense of the world. “...children process conflict and anxiety through play, imagination, and creative activity” (Worden, 1996, p. 155). Clinicians have recognised that bereaved children/adolescents automatically engage in enjoyable and familiar, play-based activities (Blanche & Smith, 2000; McFerran-Skewes, 2000; Stevens, 1998; Worden, 1996). These activities have assisted children to regain a sense of normalcy and security (Stevens, 1998).

Since the 1940s, clinicians have developed therapeutic methods for working with children (Geldard & Geldard, 1997). In particular, creative arts therapies support the natural play behaviours of children/adolescents, and promote symbolism and non-verbal forms of self-expression (Blanche & Smith, 2000; Bright, 2002; Hilliard, 2001; Landry-Dattee & Daleigue-Cosset, 2001; Worden, 1996). As young children lack requisite articulation skills, it is important to offer flexible non-verbal activities during grief support. For example, active music making enable bereaved children/adolescents to non-verbally express and expel powerful and dominant feelings in a safe
environment (McFerran-Skewes & Erdonmez-Grocke, 2000; McFerran-Skewes, 2000). These children/adolescents introduced to creative art therapies may adopt and use these techniques to assist with individual coping. Alternatively, participation in creative arts therapy can provide positive diversion from potentially overwhelming pressure that grief imposes on some children.

**Music Therapy with Bereaved Children/Adolescents**

Children seem to associate music with fun, expression, and creative play. For many adolescents music is highly valued and can support psychosocial needs including peer acceptance, increasing independence, and identity formation (Abad, 2003; McFerran-Skewes & Erdonmez-Grocke, 2000). This is why music therapy can be a pertinent and appealing intervention for children/adolescents.

Experiences of music therapy with bereaved children/adolescents are documented in studies by Dalton & Krout (2005), Hilliard (2001), Krout (2005), McFerran-Skewes & Erdonmez-Grocke (2000), McFerran-Skewes (2000) and Skewes & Grocke (2000). McFerran-Skewes & Erdonmez-Grocke (2000) reported that music therapy allowed 6 adolescent bereaved participants to: a) experiment with different behaviours and coping strategies, b) experience a sense of control during instrumental group improvisation, and c) utilise song contribution and sharing for emotional expression. In 2001, Hilliard conducted a study that measured the effects of music therapy based bereavement groups on the moods and behaviours of 6 to 11 year old bereaved children. The behaviour, mood, and grief symptoms of the subjects were measured pre and post test. Over 8 weeks, the music therapy group focused on the exploration of death concepts, sorrow, causes of anger, healthy coping skills, and memorialising the deceased. Results revealed that music therapy participation led to significant reductions in the grief symptoms and behavioural problems of the 18 participants. One music therapy technique in this study included songwriting.

**Songwriting**

Songwriting provides an effective therapeutic intervention to assist adolescents to address grief (Abad; 2003; Dalton & Krout, 2005; Hilliard, 2001; Krout, 2005). Dalton & Krout (2005) recently conducted a two-part study. First, the researchers completed a descriptive analysis of 123 songs written by bereaved adolescents during music therapy. From this analysis, the
following five songwriting categories emerged: a) understanding; b) feeling; c) remembering; d) integrating; and e) growing. The second part of the study was the development, use, and measurement of the Grief Processing Scale. Using the five identified song themes, Dalton and Krout constructed six statements for each of the five categories. Statements included “Since my loved one died... Looking at photos and pictures of my loved one is...” (p. 139). For each statement, clients rated their level of difficulty using a scale with opposite ends labelled easy and hard. The researchers used this measurement tool for pre and post testing of a seven-week songwriting group for 12 to 18 year old bereaved adolescents. Compared with the control group, the results highlighted that songwriting enabled participants to achieve an improved grief processing score across all grief domains.

Music Therapy in a Familiar Environment

Considerations for music therapy in the home environment have been reported because increasing numbers of patients are receiving health care services at home (Horne-Thompson, 2003). Horne-Thompson (2003) compared the provision of music therapy for palliative care in-patients to palliative care home-patients. She commented that clients participated with greater independence and control in their own environment. Dunsmore (2002) supports this view and stresses the importance for bereaved children/adolescents to remain connected with their family. By providing support in the home, the therapist can observe and reflect the family’s previously established coping skills and promote independence and control for the client.

A Home-Based Program for Bereaved Children/Adolescents

Significant numbers of palliative care services are employing music therapists across the Melbourne metropolitan area (Hogan & Cockayne, 2003). Subsequently, increasing numbers of bereaved children/adolescents are being referred to music therapy for support. A Melbourne hospital¹, through its community palliative care program, facilitates a home-based music therapy program for terminally ill and/or bereaved children/adolescents. Music therapy sessions take place on two afternoons per week with sessions usually occurring in the client’s home. While most sessions involve groups of siblings, individual sessions are also facilitated. Most clients receive music

¹ This music therapy program was facilitated at Calvary Health Care, Bethlehem, Caulfield, Victoria.
therapy for anticipatory grief support and can continue accessing the program for thirteen months after the death of their loved one. Currently, the children/adolescents receive an average of two, 1-hour sessions per month.

This music therapy program aims to support children/adolescents by promoting: a) emotional exploration and expression; b) coping skills; c) positive and independent behaviour; d) self-esteem; and e) improved relationships within the family which includes supporting surviving parents/carers (B. Hogan, personal communication, June 20, 2005; Hogan & Roberts, 2005). The author facilitated this program between January 2003 and December 2005. The following discussion and case vignettes evolved from her clinical experience during this period.

**Home-based songwriting with bereaved children/adolescents**

The author used various music therapy interventions to address the needs of this population. When songwriting was offered within a group of activities, children readily chose it. The concept of writing a song seemed to interest, engage, and inspire bereaved children/adolescents and they instinctively wrote songs about their grief, loss, and/or deceased loved one. Supporting a bereaved child/adolescent to create a song allows opportunities to tell, or rather sing, their story (Neimeyer, 2000). Articulating and expressing grief is considered to be very challenging for children. Through the author’s clinical observations, singing about loss and grief seems to occur more easily for this population. It is likely that songwriting is appealing and familiar and provides an avenue to merge memories, thoughts, and feelings into a safe and creative medium. In music therapy, bereaved children/adolescents have opportunities to create a song and/or CD (compact disc), and these tangible objects are likely to symbolise a connection with their loved ones (Worden, 1996). This symbolic connection aims to assist with the grieving process. The author, from her clinical experience in home-based music therapy, has identified four types of songwriting methods. These methods are word a) substitution, b) computer based, c) original, and d) improvised songwriting.

**Word substitution songwriting**

Word substitution songwriting is popular in music therapy as it is a quick, sometimes humorous, and an aesthetically pleasing activity. Ledger

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2 This program, facilitated by several music therapists including the author, commenced in 2001 and continues today.
(2001) described one style of word substitution as *song parody*. When used with an adolescent oncology patient, Ledger reported that song parody allowed opportunities for emotional expression and feelings of pride, mastery, and control.

It is the role of the therapist to consider children’s/adolescent’s varying developmental stages, musical experiences, and creativity. By accurately identifying the components, the songwriting process can increase clients’ feelings of empowerment and assist with coping. The author consistently used word substitution as an introduction in songwriting, as it demanded less musical ability of participants and produced an immediate product. Children often chose a pre-composed melody and then wrote lyrics to match the music.

**Vignette 1: Paul and Amelia**

Paul (14 years old) and Amelia (8 years old) commenced music therapy shortly after their father passed away in 2004. When offered a variety of activities to choose from, the children expressed strong interest in writing a song about their father. Quickly and confidently, the children chose the theme-song of their father’s favourite football team as the melody for their composition. In earlier sessions, the children had drawn pictures of their father’s favourite things (steam-trains, football, using the internet, and TV comedies). These pictures influenced the creation of the song lyrics. Intriguingly, Paul and Amelia used both past and present tense when referring to their father in this song. The varying developmental stages of the children and their ability to understand this permanent loss may explain this usage. It may be attributable that the children were trying to remain connected to their father. The lyrics (Figure 1), “he is our dad”, may indicate that the children considered their father as a continuing integral figure in their lives, even after death.

Word substitution allowed Paul and Amelia to compose a song using a systematic process of choosing a familiar song, writing the lyrics to match the melody, and then singing and recording the song onto a CD.

On the first anniversary of their father’s death, Paul and Amelia sang this song to their mother during a ‘Musical Memorial’ session. With assistance from the music therapist, Paul and Amelia planned the memorial with poetry readings, joke telling, singing this song, and reading reflections. The children expressed pride in their musical memorial and particularly their song stating that their father “would have loved it”. Songwriting allowed Paul and Amelia to accept the
absence of, and yet memorialise, their father. Additionally, the songwriting experience promoted opportunities for increased self-esteem and achievement, creative self-expression, and enjoyment. These children have continued to write their own songs independent of music therapy, which may indicate a development of coping mechanisms (Hogan & Roberts, 2005).

He’s a grand old Dad and he likes old trains  
He eats icy poles all the time  
He likes eating pies and watching T.V.  
He took us to a football game.  
He would surprise us with really good gifts  
And take us to his work in the city.  
We miss him heaps  
He is our Dad  
And he goes for the ‘Red and the Blue’

He’s a grand old Dad  
And he liked his T.V.  
He got a high score on ‘DX ball’  
He ordered songs off the internet  
He listened to CDs everyday  
He liked to watch ‘Faulty Towers’ and  
‘Keeping up Appearances’  
We miss him heaps  
He is our Dad  
And he goes for the ‘Red and the Blue’.

Figure 1. He’s a grand old dad

Computer-based songwriting

Contemporary education endorses an early introduction to computer technology for young children. Children as young as 5 years of age undertake the idea of computer-based songwriting as appealing and familiar. Music therapists working with younger populations and utilising songwriting in their clinical work are encouraged to invest in musical technology equipment to create an authentic and satisfying final product for these young people. Equipment including an electronic keyboard, a laptop computer with

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3 This case study was presented at the 11th World Congress of Music Therapy: From Lullaby to Lament, 2005, Brisbane, Queensland.
4 Sung to the tune of “Grand Old Flag” and the Melbourne (Australian Football League) football club theme song.
songwriting software, and/or a recording device such as a Sony minidisc recorder can be beneficial.

During this music therapy program, children/adolescents had opportunities to create their own music using a child-appropriate songwriting computer program. The children/adolescents followed a process of choosing from a category of instruments that included guitar, keyboard, percussion and more. After selecting a category of instruments, they listened to a large number of music loops and selected their favourite one. The music loop was drawn on a horizontal line on the screen with children selecting the duration and sections of the music. The “composer”, when satisfied with his or her selection, then went back and chose another category of instruments following the same procedure, building up multiple horizontal lines of music and creating a multi-track composition. The children/adolescents used the computer program to accompany original and word substitution lyrics to their songs.

This computer program was very popular whereby children/teenagers independently created their own music with immediate play back and which sounded “cool”. Composition styles included heavy rock, rap, hip-hop, soul, funk, and techno, all of which are taxing to recreate using voice and instruments alone.

Vignette 2: Jason

Jason (10 years old) was living with his Yaya while she received palliative care at home. Jason received music therapy at home during the last few months of her life. During music therapy, Jason particularly enjoyed composing songs on the laptop computer. He experimented with various styles of music but particularly enjoyed writing music in the style of his favourite artists (rapper Eminem and Michael Jackson). Jason was forthright in expressing his frustration and stress due to the changes at home when his Yaya was living with his family. Jason and the therapist compiled a list of the thoughts, feelings, and changes relevant to him during this period. Through constructive discussions and using this list, the therapist assisted Jason to write a song about these concepts and he chose Michael Jackson’s “Bad” as the basis for his song. Listening to the pre-recorded version of “Bad”, Jason meticulously selected music loops on the computer program to re-create a similar version on the laptop. After creating the music, lyrics were composed to match the melody of the song. The therapist acted as

5 Yaya is Greek for grandmother.
scribe and hummed the melody of the song assisting Jason with his lyrical composition. When Jason had completed his lyrics, the therapist recorded the song onto CD. Jason proudly sang his song while the laptop played the accompaniment (Figure 2).

Yaya you’re mad, why can’t you get it right?
Yaya you always get our names not right.
We’re annoyed by you and we get angry sometimes.
You’re always telling us stories of the past.

Oh yeah, oh yeah now...

Although you make us mad sometimes
You make us laugh once in a lifetime
You used to have a T.V.
You spoil us with choc-o-lates

You talked about stories
You peed on ‘Costano’
You make us laugh not all the time or maybe not because...

CHORUS
You are so mad, so mad we know it (really, really mad)
We make you sad sometimes and we know it (really, really mad)
But we feel glad, feel glad when you spoil us
Sometimes you make us glad or sad sometimes you make us mad
Who’s mad?
VERSE 1 & CHORUS (REPEAT).

Figure 2. Mad

Computer-based songwriting allowed Jason to vent frustration and anger that he had experienced for months. By validating his feelings and encouraging the creation of a song, Jason was able to tell his story about the stressful changes that had occurred. Jason did not share this song with his Yaya, but he did play it to his mother and father who validated his feelings.

Jason’s grandmother died in early 2005 and he continued to have music therapy until the end of that year. He wrote songs about his family, about loss and grief issues, and about things that were important to him including skateboarding, rap music, and computer games. By promoting computer-based songwriting that was empowering, familiar, and appealing, Jason was able to discover a creative and healthy activity to express his grief and loss issues, and develop coping skills.
Original songwriting

Original songwriting requires significant time, planning, and creation. Music therapists have reported systematic methods of songwriting with clients (Baker, 2005; Baker, Kennelly, & Tamplin, 2005; Day, 2005; Derrington, 2005; O’Brien, 2005) and O’Brien (2005) asserts that therapists should be able to play a diverse range of musical styles for clients to choose from (O’Brien, 2005). In the music therapy program under discussion, original songwriting was more popular with upper primary school age and adolescent populations compared with younger children. This may be because this age group had attained the skills that are necessary to create an entirely original composition.

Vignette 3: Christine and Melanie

Christine (12 years old) and Melanie (8 years old) were referred to music therapy because their mother was concerned that they were not coping with the death of their father. Christine and Melanie were ambivalent about music therapy, yet chose to write an original song in memory of their father. During music therapy, the girls reminisced fondly about their father and these memories were transcribed in Melanie’s scrapbook. These memories were merged into categories and transferred into song lyrics. Following lyrical composition, Christine and Melanie were encouraged to participate in creating a melody line. This task appeared challenging to the girls as they displayed avoidant defiant behaviours making it difficult for engagement. With permission, the music therapist adopted styles of their favourite genre of music (popular teenage ballads) and composed three melody and accompaniment versions of their song. The girls agreed on their favourite version of the music, Christine created the song title, and Melanie sang it for the recording (Figure 3).

Although Christine and Melanie may have found aspects of songwriting challenging, they did complete the composition and recording of an original song. While both girls appeared to enjoy their relationship with the music therapist, they were unable to engage fully in sessions. Although the therapist provided a combination of joint and individual sessions for Christine and Melanie, their ambivalent attitude towards music therapy was unchanged. Perhaps in the future, their song will serve as a platform to re-visit their loss.
The things that we remember about our Dad the best
Is when he smelt the chocolate that was hidden in the desk.
We used to go on holidays to Queensland every year
Because the sunshine brightened our days and made us full of cheer.

On one trip to Surfers
Melanie fell down the stairs.
Our Dad picked her up and gave her a hug
Just like a teddy bear.

CHORUS
He walked the clothes line like a tightrope when he was a kid
He pushed his sister in a pool to teach her how to swim
He scared our mother in the cave acting like a spider
This was to show his family that he could inspire

When Mum was in the hospital and Dad was at home with Christine
He helped us out around the house although the clothes went green!!
Mum was at a school camp and Dad took care of us for a week
After half a bottle of Ajax the dishwasher began to leak...

His name was ‘Murray’ and he had a great smile
He loved football so much and the Saints were his passion
He had a good sense of humour and he always felt kind of tubby
He was our Dad… so we loved him.

CHORUS (repeat)

All that we see is happy memories
And we truly love him

**Figure 3. Happy makes me sad**

*Improvised Songwriting*

Traditionally, improvisation and songwriting have been considered as independent music therapy interventions. However, recent literature depicts that music therapists are now integrating methods of improvisation and songwriting (Davies, 2005; Derrington, 2005; Oldfield & Franke, 2005).

For young children who are unable to comprehend and/or articulate loss and grief, the importance of symbolic play, creation, exploration, and expression are crucial in providing supportive outlets. Improvised or play-based songwriting supports these fundamental needs and appeals to younger children because of its play-like and interactive nature. Improvised songwriting can be child-focussed, fluid in design, and reduce boundaries that
other music therapy activities may impose. Children may feel in greater control and supported when their musical ideas are reciprocated and developed by the therapist.

The author observed that younger children (aged 2 to 11 years old) particularly enjoyed improvisational songwriting and were less inhibited than older children and adolescents. Some techniques included call and response mode songs, improvised songs (based on feelings, ideas, memories), and child and/or therapist-directed improvised songs. Songs were recorded and played back to the child using a Sony minidisc recorder. Perhaps it is because these songs were recorded, thereby assuming a permanent form, that this musical intervention is now being considered songwriting rather than improvisation. The children usually incorporated these songs onto a CD. Buxbaum & Brant (2001) highlighted the need for children to create memory keepsakes that represent memorialising the deceased loved one. A CD of songs created in music therapy can serve as a significant memory keepsake for the grieving child/adolescent.

**Vignette 4: Eliza**

Eliza’s grandfather died in early 2005. She was exceptionally close to her “Poppy” and was referred to music therapy because she was demonstrating emotional outbursts attributable to his death. Just prior to her grandfather’s death, Eliza’s mother had a failed pregnancy of which Eliza was aware. The bereavement team and Eliza’s mother considered it possible she was grieving for both her grandfather and the unborn baby.

During music therapy, Eliza consistently requested to “make up” songs and was encouraged to choose musical instruments, a theme, and/or person for the song. Eliza consistently chose to sing about heaven, angels, her Poppy, her family, and small creatures such as snails and spiders. Although Eliza avoided speaking directly about the unborn baby it seems possible that the creatures in her songs represented her family and the deceased baby (Figure 4).

Eliza’s improvised songs were compiled onto a CD that she gave her mother for Christmas in 2005. Eliza continues improvising songs during music therapy. Music therapy is allowing her opportunities to remember her grandfather and learn to accept his death through age-appropriate, creative play, and improvised song composition. Through opportunities to create songs pertinent to her life, Eliza’s thoughts, feelings, and spiritual beliefs are being validated.
There once was a Mummy spider
Who cared for the baby spider
She cared for the baby spider
Who loved her

And that Mummy spider
She cared for her family
And the baby spider

There was a baby spider
A little baby spider
The baby spider went to heaven
The spider was in heaven

Figure 4. Untitled song by Eliza

Conclusion

This paper has discussed a home-based music therapy program for bereaved children/adolescents. Relevant literature has outlined the needs and interventions for grieving children/adolescents and supported the concept that this population want and need interventions that are familiar, meaningful, and age appropriate. Providing children/adolescents with choices and opportunities to process grief through fun and creative mediums enable this population to learn healthy coping strategies to prevent emotional, behavioural, and/or psychological issues arising in their future (Hilliard, 2001; Wilkinson, 2001).

Inspired by the counselling technique for clients to tell their story (Neimeyer, 2000), the author adopted this model in her songwriting work and encouraged bereaved children/adolescents to play and sing their story. Four styles of songwriting and case vignettes have been presented to contextualise and demonstrate the efficacy of this therapeutic intervention for this client population.

Songwriting for Paul, Amelia, Jason, Christine, Melanie, and Eliza allowed these children and teenagers opportunities to: a) accept the loss of loved ones, b) memorialise and remain connected to loved ones, c) express thoughts, feelings, memories, and spiritual beliefs, d) experience activities that increase self-esteem and empowerment, e) play and sing their stories of loss and grief, and f) develop coping strategies. Further research investigating the

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*Musical accompaniment played by Eliza on an omni chord.*
proposed value of songwriting with bereaved children/adolescents is warranted.

In conclusion, music therapists assisting clients with loss and grief issues are encouraged to gain knowledge of relevant literature and techniques that can enhance and support music therapy interventions.

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**Author’s Note**

The children, adolescents and their parents kindly granted the author written consent to include their songs lyrics in this paper. Names have been changed to maintain patient confidentiality.